

**SUPERIOR COURT OF CALIFORNIA
COUNTY OF SAN BERNARDINO**

VENDOR CODE 	<div style="text-align: right;">COMMENTS (96)</div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="text-align: right;">(24)</div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="text-align: right;">(24)</div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="text-align: right;">(24)</div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="text-align: right;">(24)</div>
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	G/L ACCT	COST/FUND CENTER	Functional Area PECT	WBS ELEMENT	FUND	TAX CODE	AMOUNTS
LINE 1:							
LINE 2:							
LINE 3:							
LINE 4:							
LINE 5:							

(PLEASE TYPE OR PRINT LEGIBLY) ☐ CHECK HERE IF NEW ADDRESS

CLAIM OF _____

ADDRESS _____

CITY, STATE _____ ZIP _____

E-MAIL _____ PHONE _____

**COPY OF LETTER OF
PSYCHIATRIC
APPOINTMENT OR
COURT ORDER IN
SUPPORT OF
SERVICES BILLED
MUST BE ATTACHED.**

TYPE OF EXAM	FEE
PC 1368/1369 Competency/Development Disability evaluation and report	\$300.00
W&I 3050/3051 Narcotic evaluation and report	\$250.00
PC 288.1 Sex Offender evaluation and report	\$250.00
Court appearance/testimony — half day	\$350.00
Court appearance/testimony — full day	\$600.00
<small>NOTE: For court appearance/testimony, copy of subpoena or court order must be attached. Payment is the responsibility of subpoenaing party (LRC 1460.9).</small>	
Mileage	Current Court-Approved Rate

DOCUMENT ID: _____
DOCUMENT TOTAL \$ _____

PC 1368/1369, W&I 3050/3051, PC 288.1

**EVALUATION
SERVICES CLAIM**

Page ____ of ____

Use County Form No. 13-17711-360 for:
PC1026 NGI and EC1017 Evaluation Services

CASE NUMBER	TYPE OF EXAM (see above)	DATE OF EXAM OR REPORT	DEFENDANT (and location)	COURT APPEARANCE/TESTIMONY ONLY				EXAM FEE	MILEAGE	TOTAL FEE
				JUDGE/ DEPARTMENT	DATE OF APPEARANCE	TIME				
						AM	PM			
USE THIS CLAIM FORM FOR PC 1368/1369, PC 288.1 AND W&I 3050/3051 SERVICES ONLY										

USE THIS CLAIM FORM FOR PC 1368/1369, PC 288.1 AND W&I 3050/3051 SERVICES ONLY

Indicate where evaluation occurred adjacent to defendant name: West Valley DC; Central DC; Adelanto DC; Patton SH; or other (specify)

Expert's Physical Address (if mileage claimed):	Additional claim forms and the Court's Local Rules and Appointed Services Fee Schedule are available on the Court's website: www.sbcounty.gov/courts/	CLAIM TOTAL \$
I hereby certify under penalty of perjury that the foregoing claim for service is true and correct (CCP 2015.5), that I have been continually licensed in the State of California as a psychologist/psychiatrist for the time period during which the services claimed above were rendered, and that no part of this claim has previously been presented or paid.	I certify that the above services were directed by the appropriate authority and verified in accordance with established procedures.	<div style="border-bottom: 1px solid black; text-align: center; margin-bottom: 10px;">APPROVED / PARKED</div> <div style="border-bottom: 1px solid black; text-align: center;">DATE</div>
<div style="border-bottom: 1px solid black; width: 100%;"></div> Signature of Claimant	<div style="border-bottom: 1px solid black; width: 100%;"></div> Date and Place	<div style="border-bottom: 1px solid black; width: 100%;"></div> Approving Authority
		<div style="border-bottom: 1px solid black; width: 100%;"></div> Date

APPROVAL FOR PAYMENT: I hereby certify that I have examined the facts of the transaction herein set forth as evidenced by the information hereon and the documents attached hereto. All verifications, certification, and checking of computations required by the County Charter and Government Codes have been complied with and this claim in the total amount shown is hereby approved for payment.

APPROVED/POSTED BY _____

DATE _____

